

## CLAIMS ONLY

Application Number

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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49						
50						
Total Indep			12			
Total Depend			0			
Total Claims			12			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						